

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

18802

File No. 15197  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis, Mo (No. 3843 Utah)

Registration District No. 791  
Primary Registration District No. 1003

**2. FULL NAME**

Mary Lee Gentry  
(a) Residence. No. 3843 Utah Pl. St. \_\_\_\_\_ Ward. 16  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A.  MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4th 1854

7. AGE YEARS MONTHS DAYS II LESS than I day, hrs. or min.  
73 10 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) At home  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Christy Gentry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Erodia Redman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. Lucy Brown (Address) 3843 Utah Pl.

15. FILED MAY 11 1928 Ray C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10th, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 15th, 1928, to May 10th, 1928 that I last saw him alive on May 9th, 1928, and that death occurred, on the date stated above, at 5:04 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

821 97 7401  
Cerebral apoplexy  
(duration) yrs. mos. ds. 25

CONTRIBUTORY (SECONDARY) Arterio Sclerosis  
(duration) yrs. mos. ds. 1

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH: \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY: \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_

(Signed) Joseph Hardy, M. D.  
May 10th, 1928 (Address) 7602 S. Bidwell

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Monroe City, Mo DATE OF BURIAL 5-13-28

20. UNDERTAKER Peety Bros. 3029 Lafayette ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2 - 4 p.m.  
today